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Initial analysis of newly added data items. Do they provide insights of value?

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Initial analysis of newly added data items. Do they provide insights of value?

Abstract

Presentation to the AFRM Annual Scientific Meeting 20 September 2013

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INITIAL ANALYSIS OF NEWLY ADDED DATA ITEMS. DO THEY PROVIDE INSIGHTS OF VALUE ?

Presentation to the AFRM Annual Scientific Meeting
20 September 2013

Frances Simmonds, Director AROC
Tara Stevermuer, AROC Data Manager

What is AROC ?

- The national rehabilitation medicine clinical registry for Australia and New Zealand
- AROC began as a joint initiative of the whole Australian rehabilitation sector (providers, payers, regulators and consumers) with support from key New Zealand providers
- Established 1 July 2002 as a not-for-profit Centre
- The Australasian Faculty of Rehabilitation Medicine (AFRM) is the auspice body
- The Australian Health Services Research Institute (AHSRI) at the University of Wollongong is the data manager and responsible for AROC's day to day operations

AROC Reporting

- Annual reports summarising national data
 - Australia
 - New Zealand
- Benchmarking reports
 - Core Report (six monthly)
 - Outcome Target Report (six monthly)
 - Impairment Specific Reports (annually)
 - Stroke
 - #NOF
 - Ortho replacements
 - Reconditioning
 - Brain Injury
 - Amputee
 - Spinal Cord Injury

AROC Core Report

Inpatient – Pathway 3

Anywhere Private Hospital

January 2012 – December 2012



Australasian Faculty
of Rehabilitation
Medicine



AROC Impairment Specific Report

Inpatient – Pathway 3

STROKE

Sunshine Hospital

January 2012 – December 2012



Australasian Faculty
of Rehabilitation
Medicine



AROC Outcome Targets Report

Inpatient – Pathway 3

Anywhere Hospital

January 2012 – December 2012



Australasian Faculty
of Rehabilitation
Medicine



V4 dataset structure

- V4 AROC dataset introduced 1 July 2012
- Bank of data items describes 6 possible clinical pathways
 - 3 inpatient
 - 3 ambulatory
- Chosen pathway determines which data items need to be completed
- Each pathway requires the collection of the statistical linkage key

Pathways – Inpatient rehabilitation

- **Pathway 3 – Inpatient direct care**

Standard inpatient rehabilitation care. 'Bed card'/medical governance is with the rehabilitation physician

- **Pathway 2 – In-reach rehabilitation care**

Rehabilitation and acute team provide care at the same time. 'Bed card'/medical governance is with acute team

e.g. Patient in ICU under of Neuro surgeon and rehabilitation team has started providing (big R) rehabilitation

- **Pathway 1 – Consult liaison; one off assessment**

Consultative care (see patient only once)

e.g. Provision of a 'second opinion', advice on a particular problem, case review, one-off assessment or therapy session

Pathways – Ambulatory rehabilitation

- **Pathway 4 – Ambulatory direct care**

Standard ambulatory rehabilitation care

- **Pathway 5 – Ambulatory shared care**

Shared care arrangement between a number of providers (rehab, non rehab & other sub acute services)

e.g. Cancer patient is receiving home based therapy from community rehabilitation team as well as palliative care services

- **Pathway 6 – Ambulatory shared care; one off assessment**

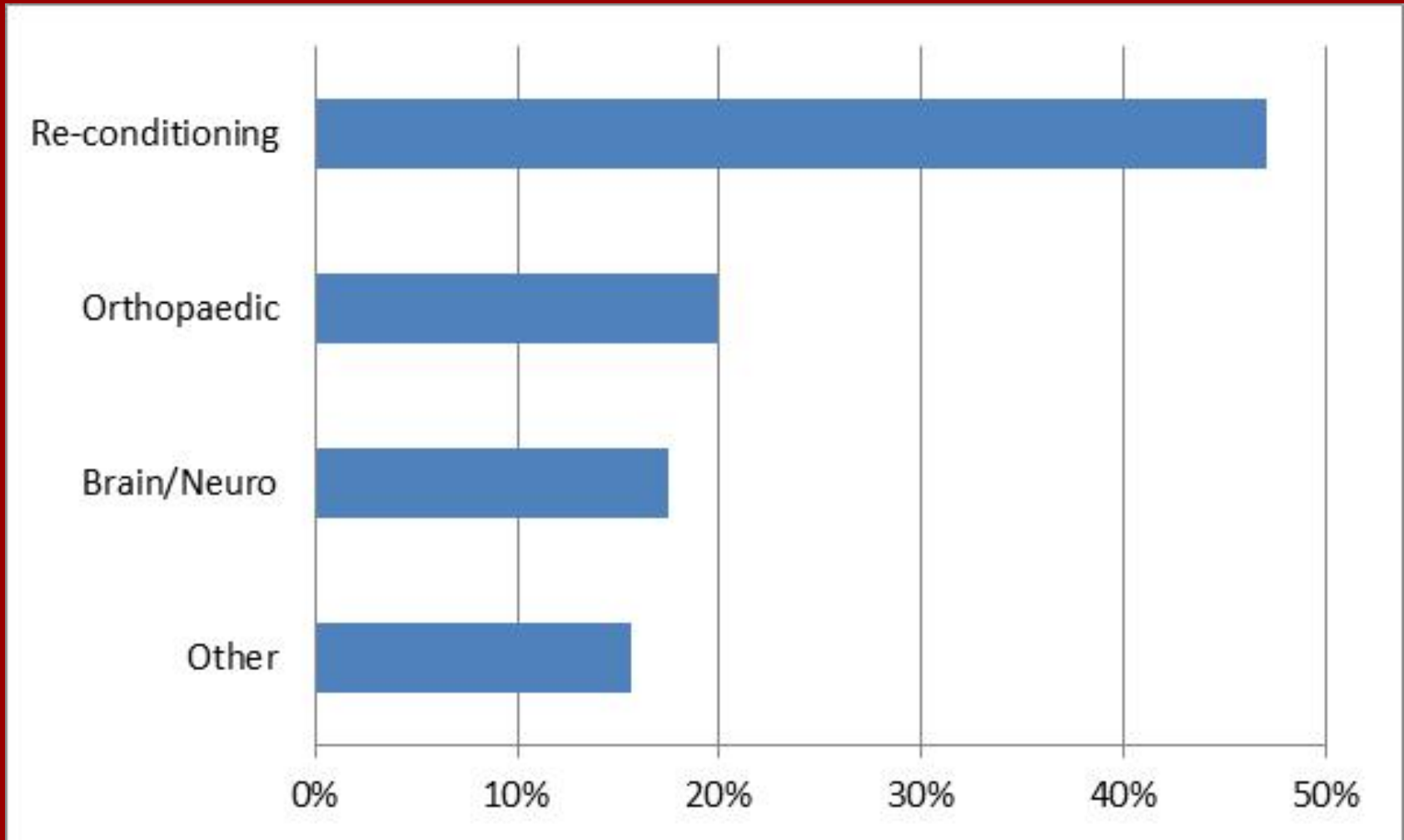
Consultative care (see patient only once)

e.g. Provision of a 'second opinion', advice on a particular problem, case review, one-off assessment or therapy session

Pathway 2

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In-reach rehabilitation - casemix



Pathway 2 - In-reach rehabilitation

Preliminary analysis

- Overall the average length of stay was 7.9 days, improving 8.1 FIM points from a start of 75.1
- Reconditioning episodes
 - average start FIM 75.5 (compared to 87.6 in pathway 3)
 - 70% discharged directly to community, half of those to a private residence
- Orthopaedic fracture episodes
 - average start FIM 74.4 (compared to 82.5 in pathway 3)
 - 50% discharged directly to community, a third of those to a private residence

Pathway 2

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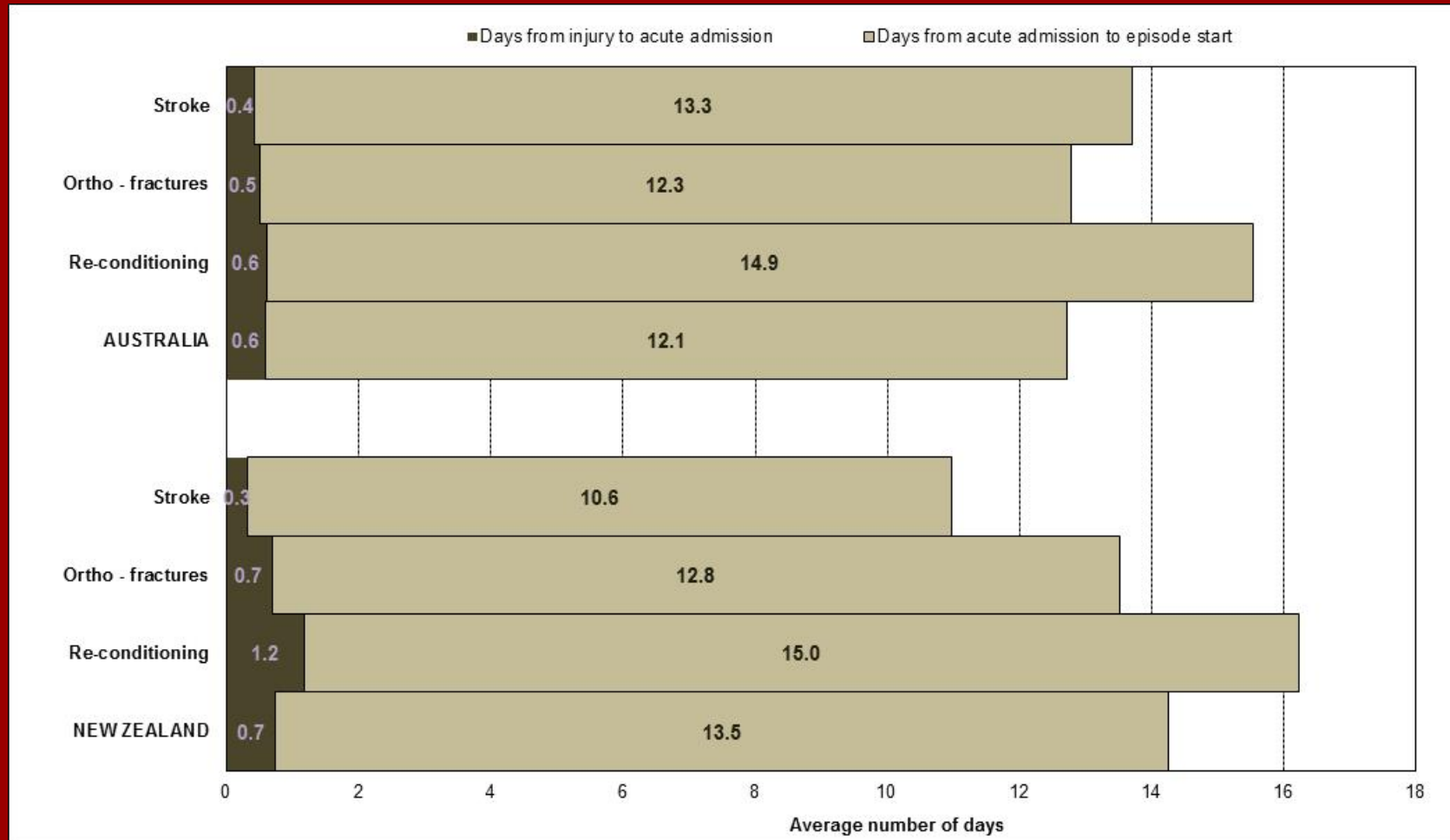
In-reach rehabilitation

- Early days
- Growing number of facilities utilising this model of care
- Initial results look promising
- Next steps for AROC
 - Link pathway 2 and 3 episodes
 - Compare outcomes of people who had both pathway 2 and 3 with those who went directly to inpatient rehab

v4 – new data items

- to understand timeliness and processes related to access to rehabilitation ...
 - Date of injury
 - Date of acute admission
 - Date of referral to rehabilitation
 - Date of assessment of suitability for rehab
 - Date clinically ready for admission to rehab
 - Date of actual admission
- ... as well as the processes including potential barriers to discharge
 - Date clinically ready for discharge
 - Actual date of discharge

Time since injury to episode start



Time sequence – referral to episode start

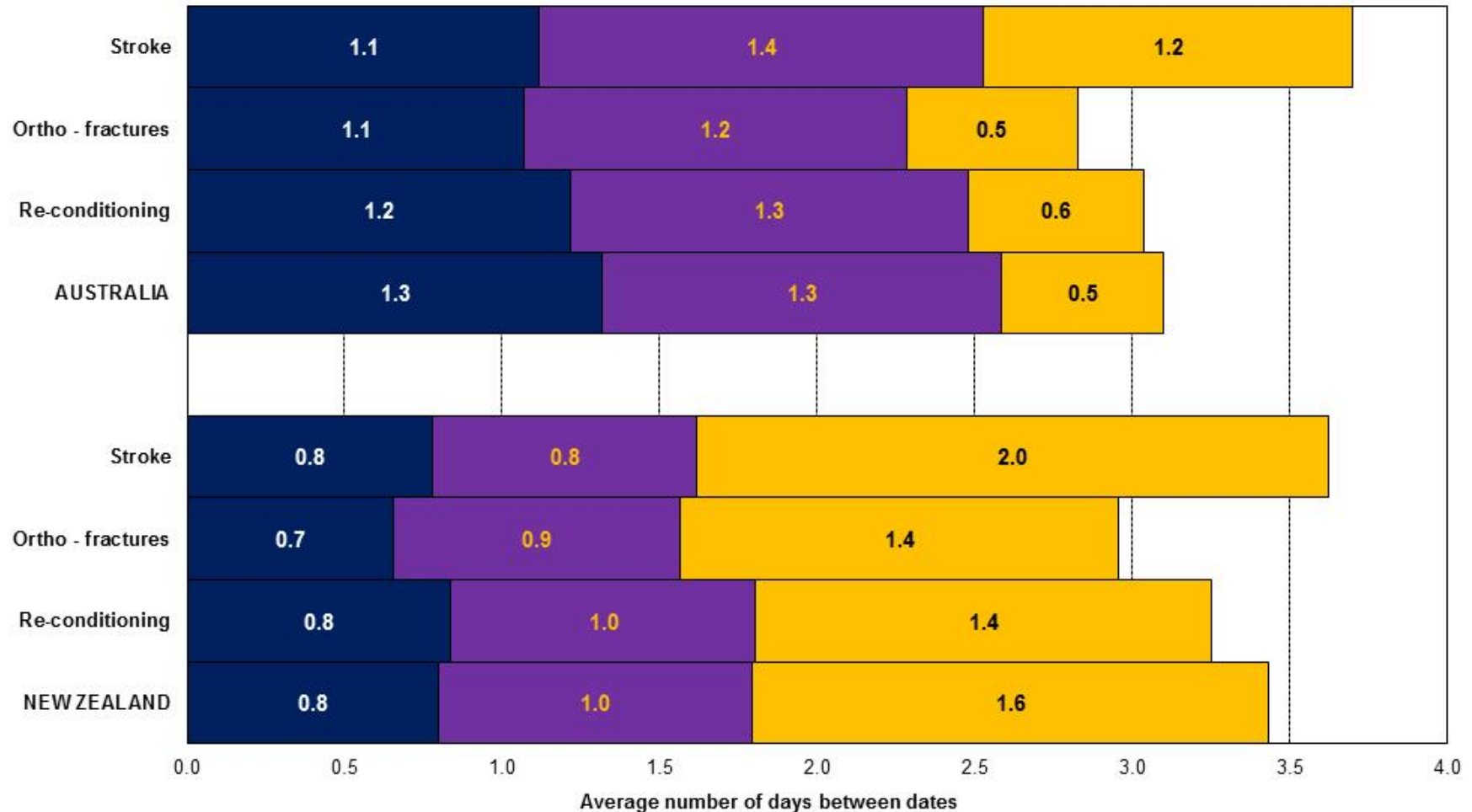
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Average days between:

■ Referral to assessment

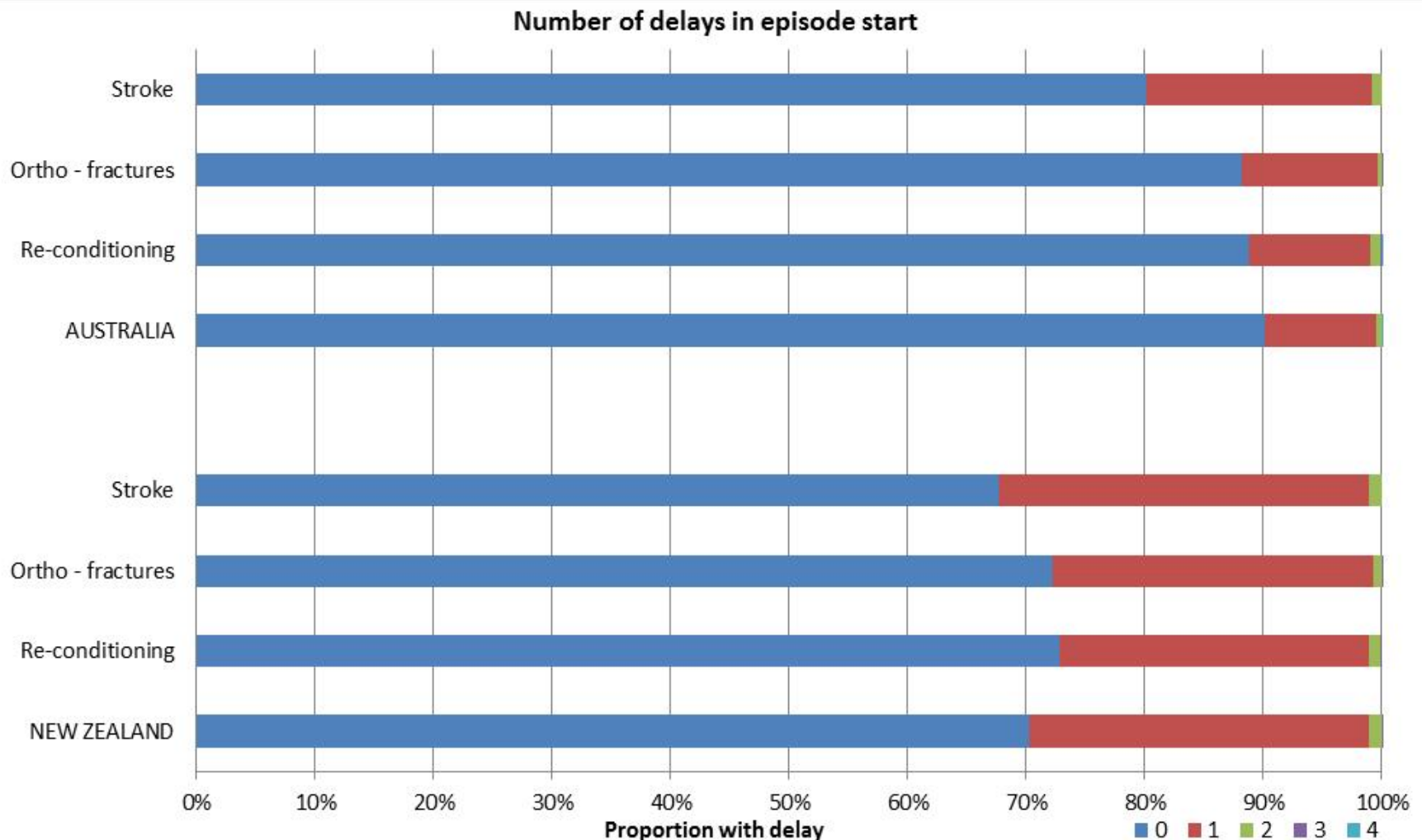
■ Assessment to clinically rehab ready

■ Clinically rehab ready to episode start

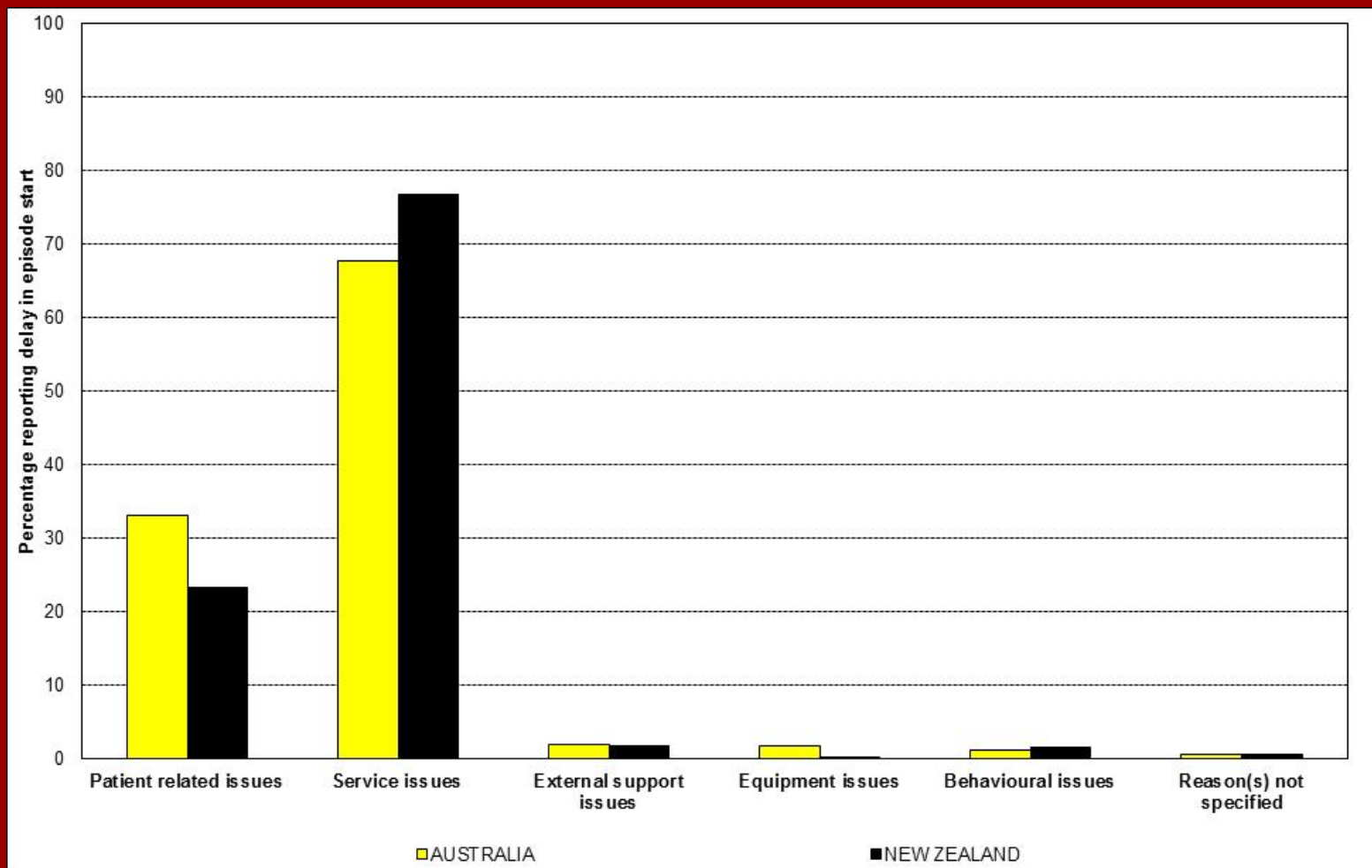


Proportion Episodes with Delay in Admission

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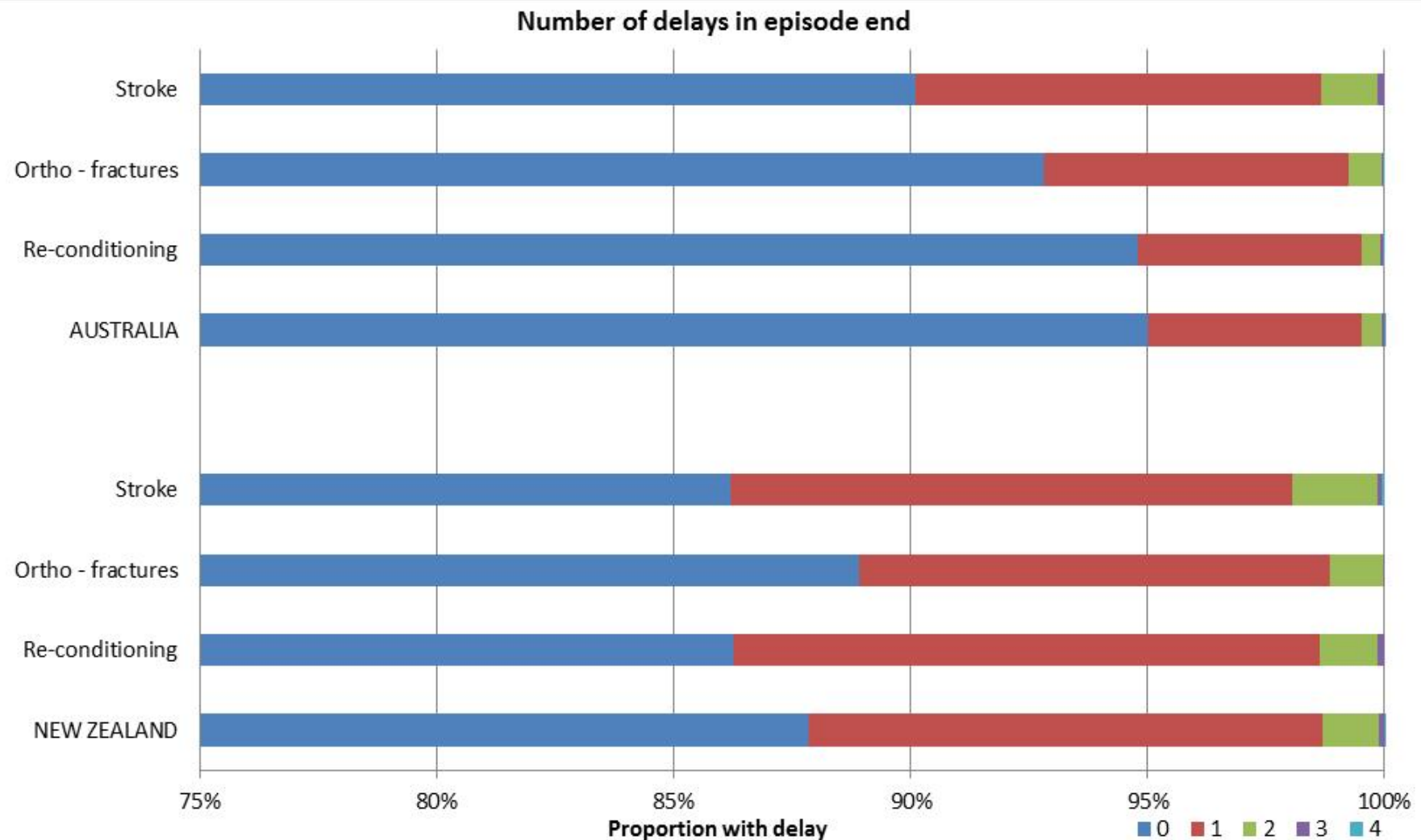


Reasons for Delay in Admission

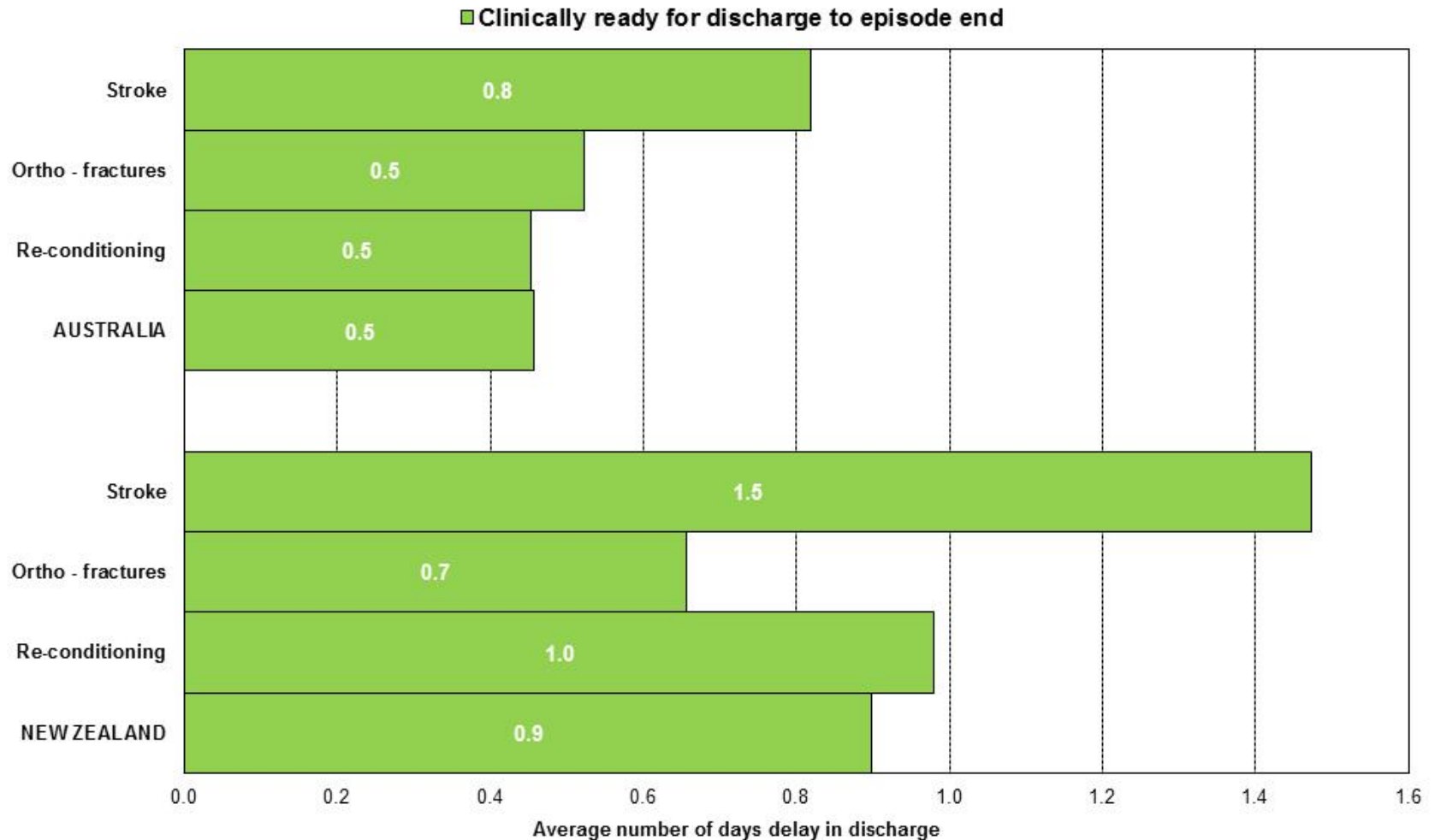


Proportion Episodes with Delay in Discharge

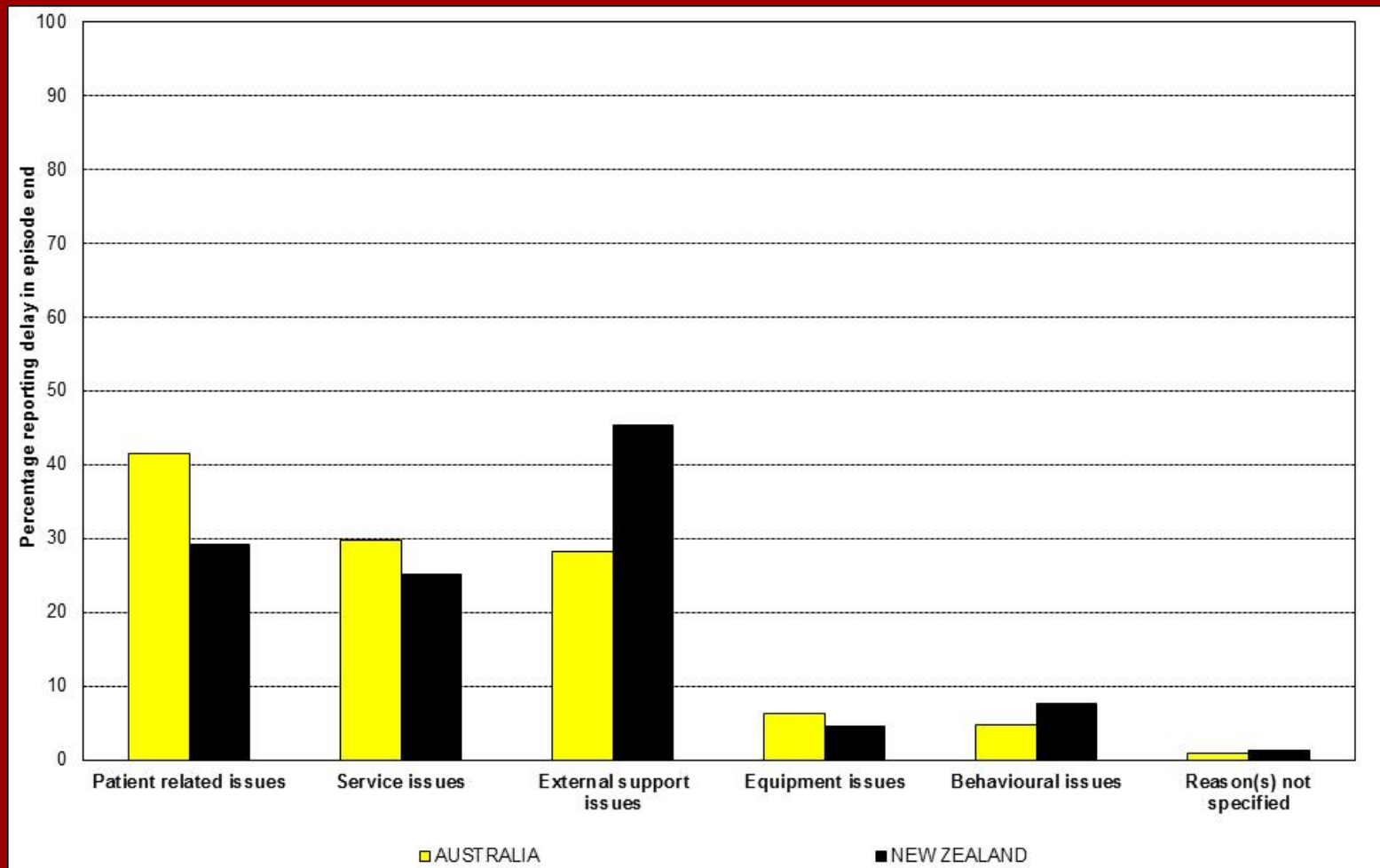
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Time sequence – delay in episode end *aroc*

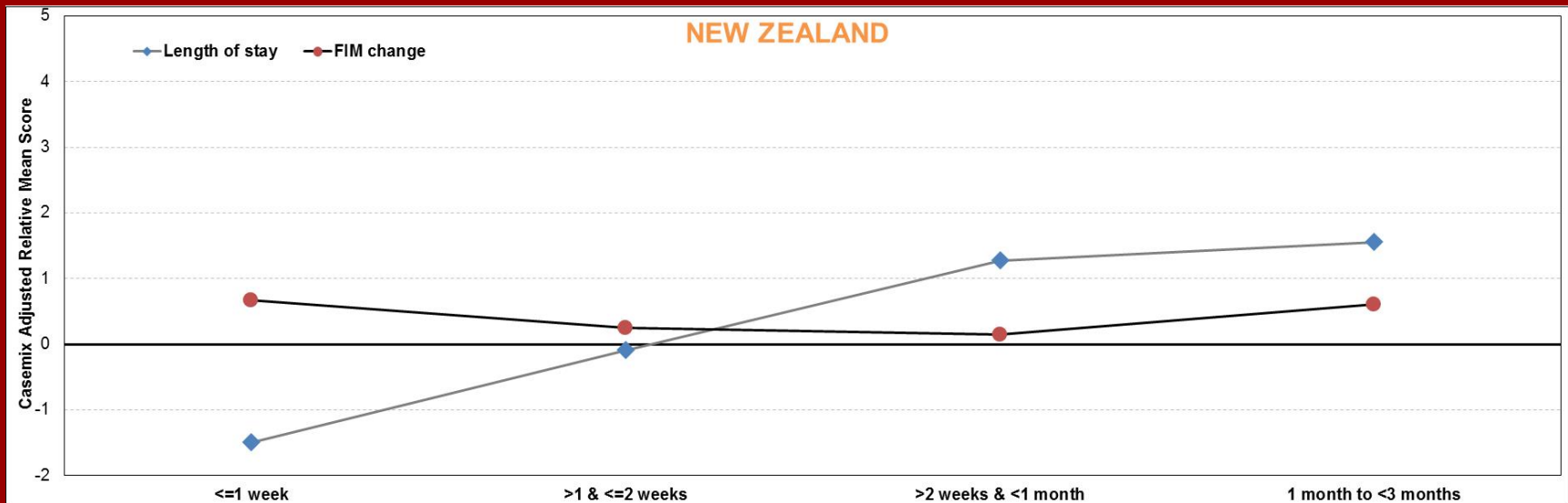
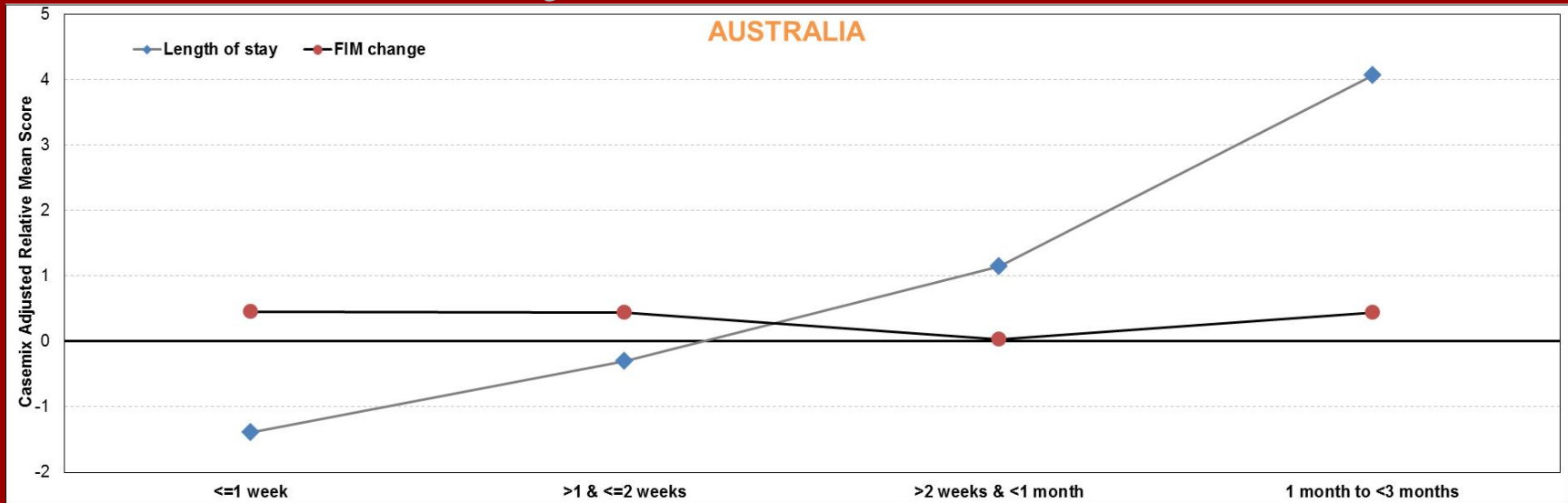


Reasons for Delay in Discharge



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Outcomes by timeliness of access



Insights of Value ?

- Yes ?

Diagnosis

EVIDENCE



"Yes, but mine is an educated guess; yours is just a guess guess."

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